

BIOSKETCHES OF KEY PROJECT STAFF

Project Director: W. Sherman Edwards

W. Sherman Edwards is a Westat Vice President, and is Project Director for the Master Contract under which this Task Order has been awarded. He has more than 25 years' experience in the design, conduct, and analysis of social science research, primarily in the area of health services. He is currently Westat's Project Director for the California Health Interview Survey, a telephone survey of some 55,000 California households that includes an oversample of American Indian/Alaska Native households. He is also currently Westat's Corporate Officer for two major contracts associated with CAHPS – Westat is conducting the Medicare Managed Care CAHPS for the Centers for Medicare and Medicaid Services, and holds a contract with the Agency for Healthcare Research and Quality to support the CAHPS Survey Users' Network, maintain and manage the National CAHPS Benchmarking Database, and provide other support services for the overall CAHPS program. Mr. Edwards has done design work or methodological research for many of the Federal government's major surveys, and has led several Federally-sponsored evaluations of health financing and health services activities. Before joining Westat, Mr. Edwards was Senior Methodologist at the (then) National Center for Health Services Research, where he worked with the Indian Health Service to design and manage the Survey of American Indians and Alaska Natives, a part of the 1987 National Medical Expenditure Survey.

Co-Principal Investigator: Jo Ann Kauffman

Jo Ann Kauffman, MPH, is President of KAI and an enrolled member of the Nez Perce Tribe. She received her Masters of Public Health Administration from the University of California at Berkeley in 1979. She has worked in the field of Indian health for 25 years. In this capacity, she has served as a consultant to Indian tribes and the U.S. Indian Health Service, as Executive Director of the Seattle Indian Health Board and as Executive Director of the Northern Idaho Indian Health Board. In 1998, she was awarded the "Free Spirit Award" from the *Freedom Forum*, for her work representing tribes and Indian communities as a community activist and advocate on First Amendment issues. In 1998, she also became the founding president for a national alcohol/substance abuse recovery movement called the National Association for Native American Children of Alcoholics (NANACOA). As president of KAI, she assists the U.S. Indian Health Service in health policy evaluation and in facilitating national tribal consultation and dialogue.

Co-Principal Investigator: Kathryn Langwell

Kathryn Langwell, a Senior Fellow at Project HOPE, has over 25 years experience in managing, designing, and conducting research, evaluation, and technical assistance projects. She joined Project HOPE's Center for Health Affairs in September 2001. She

is currently Project Director for a CMS Study of American Indian/Alaska Native Eligibility and Enrollment in Medicaid, SCHIP, and Medicare, and is the Research Core Co-Principal Investigator for an NIH project to conduct research and pilot studies on health disparities issues working with the Montana-Wyoming Tribal Leaders Council. Ms. Langwell has designed and conducted numerous evaluations of government and foundation programs over the past 20 years, including serving as the Project Director and Co-Principal Investigator for HCFA's Medicare HMO Demonstration Evaluation, Project Director of the Medicare PPO Demonstration Design and Implementation, and Project Director for HCFA's Medical Group Capitation Demonstration Design. Ms. Langwell was Principal Investigator for The Robert Wood Johnson Foundation's School-Based Health Center Demonstration Evaluation from 1994 to 2000, and was Project Director for the DoD/OPM Evaluation of the FEHBP Demonstration for Military Retirees. Ms. Langwell served as Deputy Assistant Director for Health at the Congressional Budget Office from 1989 to 1993. She was a Senior Economist at Mathematica Policy Research from 1983 to 1989. She has published extensively on managed care policy and operational issues, performance measurement, health care use and payment policies, and racial/ethnic disparities in health care access and use of services.